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**May 02 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G93773 (1)
1. Corporation Name
WASTE MANAGEMENT OF PINELLAS COUNTY, INC.



Principal Place of Business: **C/O WASTE MANAGEMENT, INC
8003 BUTTERFIELD RD
OAK BROOK IL 60521
US**

Mailing Address: **C/O WASTE MANAGEMENT INC
3003 BUTTERFIELD RD
OAK BROOK IL 60521-1107
US**

3. Date Incorporated or Qualified: **03/29/1984** 3a. Date of Last Report: **04/09/1996**

4. FEI Number: **36-3289973** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **3003 Butterfield Road** 2a. Mailing Address: **3003 Butterfield Road**

21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.:

22. City & State: **Oak Brook, IL** 27. City & State: **Oak Brook, IL**

23. Zip: **60521** Country: **DuPage** 29. Zip: **60521** Country: **DuPage**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent:

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable):

83. 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOT for registered Agent signature, required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDT	1.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, RICHARD G	1.2 NAME	Stephen D. Ferguson
STREET ADDRESS	3003 BUTTERFIELD ROAD	1.3 STREET ADDRESS	3003 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL 60521	1.4 CITY-ST-ZIP	Oak Brook, IL 60521
TITLE	AS	2.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIER, BARBARA L	2.2 NAME	Jeffrey C. Everett
STREET ADDRESS	3003 BUTTERFIELD ROAD	2.3 STREET ADDRESS	3003 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL 60521	2.4 CITY-ST-ZIP	Oak Brook, IL 60521
TITLE	PD	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, JAMES E.	3.2 NAME	John Van Gessel
STREET ADDRESS	3003 BUTTERFIELD ROAD	3.3 STREET ADDRESS	3003 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL 60521	3.4 CITY-ST-ZIP	Oak Brook, IL 60521
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, the receiver or trustee, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)